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PTO/SB/82 (10-00)

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**REVOCATION OF POWER
OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/164,504
Filing Date	September 30, 1998
First Named Inventor	Michael S. Kappes
Group Art Unit	2731
Examiner Name	
Attorney Docket Number	210149.406

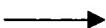
I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

OR

Please change the correspondence address for the above-identified application

Customer Number



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I am the:

Applicant/Inventor.

X Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Kelly H. Hale

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Michael S. Kappes
Application No. : 09/164,504
Filed : September 30, 1998
For : ECHO CANCELING METHOD AND APPARATUS FOR
DIGITAL DATA COMMUNICATION SYSTEM

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Docket No. : 210149.406
Date : October 8, 2001

Commissioner for Patents
Washington, DC 20231

APPOINTMENT OF ASSOCIATE POWER OF ATTORNEY

Commissioner for Patents:

I, Michael J. Donohue, attorney of record in the above-identified application, appoint as associate attorneys Daniel N. Yannuzzi, Registration No. 36,727; Kelly H. Hale, Registration No. 36,542; and Keith Kind, Registration No. 42,735, of Conexant Systems, Inc., 4311 Jamboree Road, E07-701, Newport Beach, CA 92660.

It is requested that correspondence continue to be addressed to Michael J. Donohue at:

Seed Intellectual Property Law Group PLLC
701 Fifth Avenue, Suite 6300
Seattle, Washington 98104-7092

Respectfully submitted,
Michael S. Kappes
Seed Intellectual Property Law Group PLLC

Michael J. Donohue
Michael J. Donohue
Registration No. 35,859

701 Fifth Avenue, Suite 6300
Seattle, Washington 98104-7092
(206) 622-4900
Fax: (206) 682-6031

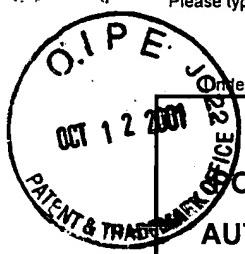
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PTO/SB/81 (10-00)

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AUTHORIZATION OF AGENT**

Application Number	09/164,504
Filing Date	September 30, 1998
First Named Inventor	Michael S. Kappes
Group Art Unit	2731
Examiner Name	
Attorney Docket Number	210149.406

I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:



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PATENT TRADEMARK OFFICE

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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OR

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Address			
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Telephone	Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Kelly H. Hale
Signature	
Date	October 12 / 01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/164,504
Filing Date	September 30, 1998
First Named Inventor	Michael S. Kappes
Group Art Unit	2731
Examiner Name	
Attorney Docket No.	210149.406

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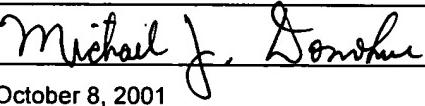
ENCLOSURES (check all that apply)

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|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> CD(s), Number
of CD(s) _____ |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance
Communication to Group |
| <input type="checkbox"/> Amendment/Response | <input type="checkbox"/> Request for Corrected Filing
Receipt | <input type="checkbox"/> Appeal Communication to
Board of Appeals and
Interferences |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to
Group (Appeal Notice, Brief,
Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Express Abandonment
Request | <input checked="" type="checkbox"/> Power of Attorney,
Revocation, Change of
Correspondence Address | <input type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Information Disclosure
Statement; Form PTO-1449 | <input type="checkbox"/> Declaration | <input type="checkbox"/> Additional Enclosure(s)
(please identify below): |
| <input type="checkbox"/> Cited References | <input type="checkbox"/> Statement under 37 CFR
3.73(b) | <u>Appointment of Associate Power
of Attorney</u>

_____ |
| <input type="checkbox"/> Certified Copy of Priority
Document(s) | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Response to Missing Parts
under 37 C.F.R. 1.52 or 1.53 | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Response to Missing
Parts/Incomplete Application | <input type="checkbox"/> Request for Refund | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Michael J. Donohue	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	October 8, 2001	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

Typed or printed name	Gabrielle Collier	
Signature		Date: October 8, 2001